

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/566132

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2		1						52					
3	1							53					
4		1						54					
5		2						55					
6		2						56					
7		2						57					
8		2						58					
9	1							59					
10		1						60					
11		1						61					
12		2						62					
13	1							63					
14		1						64					
15								65					
16		2						66					
17		2						67					
18		2						68					
19								69					
20								70					
21								71					
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40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	5							TOTAL IND.					
TOTAL DEP.	24							TOTAL DEP.					
TOTAL CLAIMS	29							TOTAL CLAIMS					